

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157618</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/05/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HOME HEALTH OF INDIANA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>6409 CONSTITUTION DRIVE</b> <b>FORT WAYNE, IN 46804</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a re-visit for an extended Home Health Agency recertification survey on 7/27/2012.</p> <p>Survey dates: 9/5/12</p> <p>Facility #: 012020</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Universal Home Health of Indiana is precluded from providing it's own home home health aide training and competency evaluation program for a period of two years beginning 7/27/12 through 7/27/14 for being found out of compliance with the Condition of Participation 42 CFR 484.36: Home Health Aide Services.</p> <p>During this survey, one Condition of Participation and 8 standard level deficiencies were found corrected.</p> <p>Universal Home Health of Indiana is in compliance with the Conditions of Participation 42 CFR Part 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 7, 2012</p>			{G 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.